



## Department of Employment Dispute Resolution

### MEDIATOR REPORT

We appreciate your mediating for EDR's Workplace Mediation Program today. We ask that you conclude the process by completing this evaluation. The purpose of the evaluation is two fold -- 1) to give you an opportunity to reflect on the process and to identify strengths and areas of growth and 2) to give EDR outcome information. The participants will not see your responses. Thank you for your help.

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|--|---|
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>name</b> | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>agency/dept. where you work</b> |
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1. 

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**mediation participants' last names**
  2. How many participants were in the mediation? 

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# of participants
  3. How many sessions were needed? 

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# of sessions

      Dates: 

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  4. What was the total number of hours needed for all sessions? 

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# of hours
  1. Do you think that communication and understanding were enhanced from this process?  

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yes

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no
  6. Was a written resolution reached? 

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yes

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no
  7. If the participants did not choose a written resolution, was a verbal resolution reached?  

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yes

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no

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n/a
  8. Did you and the parties discuss a follow-up session? If so, what date is planned?  

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  9. Did you give the parties a copy of the agreement (if an agreement was reached)?  

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yes

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no

10. If a resolution was reached, what do you believe you and/or the participants did that facilitated a resolution?
11. If a resolution was not reached, were there other outcomes that made this process worthwhile? (If yes, please elaborate.)
12. What were your strengths in this mediation (e.g., introducing the process, listening, paraphrasing, identifying/clarifying issues, assisting parties generate their own solutions, remaining neutral and facilitative, assisting parties write an agreement, etc.)?
13. What could you have done (or not done) to have been more effective in your role as mediator?
14. Did you feel that the situation you were asked to mediate was appropriate for mediation?
15. What were the major issues in this mediation?
16. Was there anything about this mediation that made it difficult?
17. Was there any follow-up in terms of support, training, facilitation, or counseling that you felt was needed for the participants at the conclusion of the mediation?

18. What training or information could EDR make available to you that would enhance your skills as a mediator?

19. How many mediations have you conducted, including this one?

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(1)                      (2)                      (3-5)                      (5-10)                      (more than 10)

20. How long should we wait before calling you again to mediate?

Any other comments? (You can also use this space to update any changes to your EDR Workplace Mediator Application)

**Thank you!** We sincerely appreciate your contribution to this program. Your time and talent makes this program possible.

Please return “Consent to Mediate,” “Mediation Agreement” (if reached), “Mediator Report” and “Participant Evaluations” to EDR's Mediation Staff, Department of Employment Dispute Resolution, One Capitol Square, 830 E. Main St., Suite 400, Richmond, VA 23219.